the attacks become more numerous and less severe, or, in other words, when the malarial cachexia is established, then the amount of sugar excreted becomes less.

In his notes, M. Burdel announced that he found sugar in the urine in considerable quantity in eighty instances among eighty-six cases of malarial fever; in thirty cases where the fever had become remittent, the sugar was in less quantity, and that in pregnant or nursing women, the sugar is present in large amounts.

M. Verneuil reports the notes of six cases, which lead him to formulate the following conclusions:—

1. Malaria frequently causes glycosuria.
2. This may occur in two forms: the one cotemporary with the febrile attack, and, like it, transient; the other occurring after and independent of the febrile attack, and, unlike the first, of which it is a consequence, is permanent.
3. Permanent glycosuria is especially apt to occur in malarial subjects of arthritic diathesis.
4. Malarial glycosuria appears to be one of the benign forms of diabetes.
5. Intermittent affections occurring in such subjects may take on certain characters of malaria or diabetes, or of both affections at the same time. Traumatic lesions may irritate or aggravate both diatheses, especially that of telluric origin. —*Gaz. Méd. de Paris*, Dec. 3, 1881.

The above subject caused an interesting discussion, M. COLLIN particularly objecting to M. Verneuil's deductions. In the *Journal de Médecine de Paris*, Dec. 17, 1881, the question is subjected to a critical review, of which the following are the conclusions:—

1. The pathogenic influence of malaria can be admitted in a certain number of cases, even though mere coincidence might also be urged; it is probable, however, that this causative influence is not often exerted.
2. In the cases where diabetes is associated with malaria, it should first be proved that some more efficacious etiological condition is not concurrent with the latter.
3. Although the present state of sciences will not permit the affirmation of the frequent occurrence of diabetes of malarial origin, the facts observed by Prof. Verneuil are of sufficient importance to cause attention to be directed anew to this interesting subject.

The Value of Alveolar Periostitis of the Jaws as a Diagnostic Sign in Diabetes.

At the meeting of the *Académie de Médecine* held on Dec. 27, 1881, M. MAGITOL read a memoir with the above title, of which the following are the conclusions:—

1. Examination of the mouth furnishes a constant diagnostic sign of the presence of diabetes.
2. This consists of a condition of the alveolar border described as alveolar osteo-periostitis.
3. This manifestation of diabetes, which appears at the onset of the disease and lasts during its course, may in certain cases serve as a revelation of the presence of the disease.
4. The alveolar lesion at the commencement of the diabetes is distinguished by a deviation of the teeth; in a further stage of the disease the teeth become loosened and alveolar catarrh is present. And in the most advanced state of diabetes the teeth drop out. If, after these stages, the disease still advances, the

alveola, deprived of the teeth, may become absorbed consecutively or not to a partial gangrene of the gum. This last sign is usually only shortly antecedent to death.—*Journ. de Méd. de Paris*, Dec. 31, 1881.

Albuminuria in Epilepsy.

An exhaustive paper by Dr. KLEUDGEN, in the *Archiv für Psych.*, Band xi., Heft 2, bids fair to set at rest the much vexed question as to whether albuminuria is a common result of an epileptic attack. The author has made many preliminary experiments to ascertain the tests for albumen, which are at once the most delicate and the least liable to any source of fallacy. Observations were made upon fifty-seven confirmed epileptics (36 males and 21 females), aged from 13 to 66 years. In women, the urine was always drawn off by catheter. It was found that the urine passed within four hours of an epileptic attack nearly always contained traces of albumen; in only about one-eighth of the cases was it entirely absent. But, pursuing his observations further, Kleudgen found, on examining the urine of these same patients as long as possible after a fit, that quite as large a proportion of the samples contained small amounts of albumen. Further, on testing the urine of a large number of insane patients of various kinds, but not epileptic, it was found that albumen was present in just about the same number of cases. Not content with this, Kleudgen next directed his attention to the urine of healthy adults. In eight cases out of thirty-two attendants upon the insane, he found a small quantity of albumen to be present in the urine.

The author's conclusions are these: There are traces of albumen in all urine which presents a certain degree of concentration (an increased specific gravity). Slight increase in the quantity of albumen may occur periodically without a corresponding rise in the specific gravity, and without the existence of renal disease. The urine secreted after an epileptic attack does not present any peculiarity, either in reaction or in specific gravity. It is very rare that an attack of epilepsy determines an augmentation of the quantity of albumen in the urine; when this occurs it is only very slight; moreover, in males it is generally due to the presence of semen in the urine. Renal casts are not found in the urine of epileptics unless kidney-disease be present.

Accepting the above results as true, it is easy to trace the origin of the contradictory statements which have been made upon this matter. Those observers who have only used the ordinary methods of testing for albumen have found none in the urine of those epileptics who were free from renal disease. Others, who have made use of more delicate tests, have found small quantities of albumen almost constantly present; but they have failed to note that this is also the case in the same patients while temporarily free from convulsive attacks, also in insane patients of all kinds, and in a large proportion of healthy adults of both sexes. We may add that a number of the most careful and exact observers have been ranged upon both sides in the controversy which has been so long continued upon this subject.—*London Med. Record*, December 15, 1881.

Hæmoglobinuria Produced by Naphtol.

Dr. ALBERT NEUSER (*Central. f. d. Med. Wiss.* No. 30) has found that when naphtol is given in large doses to dogs and rabbits it produces hæmoglobinuria. One gramme, injected in a concentrated warm solution under the skin of a rabbit of 1000 grammes, produced death, and a gramme and a half killed a dog weighing 4500 grammes. Death was preceded by salivation and restlessness in dogs, and by well-marked convulsions in rabbits. Dogs are killed by a smaller